



## FEE TRANSMITTAL

Application Number 10/611,295  
Filing Date July 1, 2003  
Inventor(s) Steven M. Shei  
Examiner Name Joseph Moore Pelham  
Attorney Docket Number DKE 9008.2

Art Unit 3743  
Confirmation No. 5573

### **METHOD OF PAYMENT**

The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

### **FEE CALCULATION**

1.  **BASIC FILING, SEARCH AND EXAMINATION FEES**  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_

2.  **EXCESS CLAIM FEES**

Total Claims 109 - 94 (HP) = 15 x Fee \$50 = \$750.00  
Indep Claims 10 - 9 (HP) = 1 x Fee 200 = \$200.00  
Multiple Dependent Claims Fee \_\_\_\_\_  
(HP = highest number of claims paid for) Subtotal (2) \$950.00

3.  **APPLICATION SIZE FEE**

Total Pages \_\_\_\_\_ - 100 = \_\_\_\_\_ ÷ 50 = \_\_\_\_\_ x \$250 = \$ \_\_\_\_\_  
(Application + Drawings) (round up to whole #)  
Subtotal (3) \$ \_\_\_\_\_

4.  **OTHER FEE(S)**

\_\_\_\_\_ month extension of time  
 Information disclosure statement  
 37 CFR 1.17(q) processing fee  
 Non-English specification  
 Notice of Appeal  
 Filing a brief in support of appeal  
 Request for oral hearing  
 Other: Request for Continued Examination

Subtotal (4) \$790.00

**TOTAL AMOUNT OF PAYMENT** \$1,740.00

*Andrew N. Claerbout* 4/11/05  
Andrew N. Claerbout, Reg. No. 50,202 Date  
Telephone: 314-231-5400

ANC/MEG/jmd  
Express Mail Label No. EV 214698928 US

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